

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

159
State File No. 434
Registered No. 434

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 30 Davis Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Antonio Durazo { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>July 5-1930</u> Month _____ Day _____ Year _____
		5. No., in order of birth _____		

8. FATHER
Full name Augustin Durazo
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. _____
10. Color or race Mex.
11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Sonora, Mex.
(State or country)

13. Occupation
Nature of Industry Miner

20. Number of children of this mother 4
(Taken as of time of birth of child herein certified and including this child.)

14. MOTHER
Full maiden name Pasquale Martinez
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. _____
16. Color or race Mex
17. Age at last birthday 30 (Years)

18. Birthplace (city or place) Sonora, Mex.
(State or country)

19. Occupation
Nature of Industry Housewife

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 A. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown M.D.
(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year _____
Address Miami, Arizona

Filed July 15, 1930 10-6-30
Registrar _____ Registrar _____

146-705-749